

I 012952
-001

308 Building/2A
June 18, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 104917
State: CA
Severity Category: H-A

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

Dow AgroSciences received the enclosed information regarding an alleged human death.

If you wish to discuss this matter further, please call us.

Regards,

A handwritten signature in cursive script that reads "Shannon Bass".

Shannon Bass
EH&S Global Product Leader
(317) 337-4983

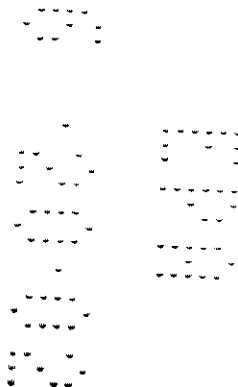
Prepared by:

A handwritten signature in cursive script that reads "Stacey Fruits".

Stacey Fruits
Product Stewardship Administrator
(317) 337-4577

*Trademark of Dow AgroSciences

*copied for
J. Blondell
6/21/02*



Row 1	Reporter Name	Submission date.	Contact person (if different than reporter)	Internal ID
Administrative Data	<i>Stan Woodward</i>			<i>1-4546781</i>
	Address		Address	
	<i>Dow rep San Clemente California</i>			
	Phone #		Phone #	
	[REDACTED]			
	Incident Status:	Location and date of incident	Date registrant became aware of incident.	Was incident part of larger study? <i>No</i>
	<i>New</i>	<i>San Clemente California 6/14/02</i>	<i>6/14/02</i>	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	<i>62719-4</i>			
	A.I. (s)	A.I. (s)	A.I. (s)	
	<i>Sulfuryl Fluoride</i>			
	Product 1 name	Product 2 Name	Product 3 Name	
	<i>Vikane</i>			
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>	<i>Other Residence</i>		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	<i>See Incident Description</i>			

DERB: 104917
Report: Yes ☒
If no, Why:
Date: *6/17/02*

SC: *HA*
No ☒

6/14/02 5:57:06 PM Stan Woodward a Dow Rep calling to report a death due to Vikane. House was tented and product applied by PCO. They came back today to remove tent. They were venting house and about to secure house and they found a dead body. Apparent break in. Person had crawled under tent and entered home through a window. The screen had been removed and window open that person had crawled through. There is medical people and fire rescue squad on the scene now. House address of fumigation

[REDACTED] San Diego, Cal

PCO D & S termites office phone# 619-466-5577

[REDACTED] owner cell phone# [REDACTED]

E-mailed case to

John G., Dean F., Clintox, Rick K. & Dr. Borron

Spoke with Rick K. and informed him of case

6/17/02 11:52:58 AM Case reviewed.

Personal privacy

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects <i>death Unable to determine</i>		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HA</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-4546781